



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

Dear Out-of-State Provider:

The Michigan Medical Services Administration (MSA) administers the Michigan Medicaid and CSHCS programs. Any reference to Medicaid in this letter also applies to CSHCS.

**MSA limits payment on out of state (non borderland\*) services to:**

- **Emergent Services**
- **Prior Authorized Services**
- **Medicare co pays and deductibles**

Medicaid has adopted common claim forms, formats and coding. This enhances our ability to process claims expeditiously if providers are enrolled in our provider enrollment system. Enrollment in the Michigan Medicaid Program does not obligate you to provide services to any additional Michigan Medicaid beneficiaries or to provide future services to this beneficiary. You will not receive mailings from Michigan Medicaid based on this enrollment.

The "Provider Enrollment Agreement (TPA)" form at our website is **REQUIRED** to comply with state and federal standards and will allow us to authorize reimbursement for claims. Some examples of credential requirements are listed in the Out-of-State Provider Credential Requirements link.

**BILLING INFORMATION**

You may obtain information about billing Michigan Medicaid at the Michigan Department of Community Health website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> Information for Medicaid Providers. You may then go to several areas including **Provider Specific Information** (fee screens), and **Policy**. Some important information to remember when billing Michigan is:

Always check for the beneficiary's Health Plan enrollment when checking eligibility. If a beneficiary is enrolled in a Health Plan you will need to contact the Plan for authorization to provide care.

If the beneficiary has program coverage, but is not enrolled in a Health Plan, then the following information applies:

- If you have received **Prior Authorization** from MSA to treat a covered Beneficiary be sure to attach a copy of the authorization to the claim when submitted. As stated on the Prior Authorization form you must verify the eligibility of the beneficiary.
- The billing limitation for Michigan is 365 days from the date of service. Please reference the General Information Chapter, Section 10 of the Provider Manual referenced above.
- The Billing and Reimbursement Chapter provides billing Coverage, Limitation, and Claim Completion.
- All available resources must be billed prior to billing MSA. This includes private health insurance and Medicare.
- If you have received payment from another resource you may want to review the Fee Screens and the Coordination of Benefits Chapter to determine if further payment will be made by MSA. MSA will only pay up to our fee screens. If another insurance has paid more than our allowable, MSA considers the claim paid in full.

**\*Borderland area includes:** Indiana: Fort Wayne (city), Elkhart, LaGrange, LaPorte, St. Joseph, and Steuben (counties)  
Ohio: Fulton, Lucas, and Williams (counties)  
Wisconsin: Ashland, Green Bay, and Rhinelander (cities); Florence, Iron, Marinette, Forest, and Vilas (counties)  
Minnesota: Duluth (city)